



**FARM & CONSTRUCTION AST
INSTALLATION NOTIFICATION**
(1,100 gallons or less)

For Office Use	
Date Received	_____
Unique Doc. #	_____
Reviewer	_____

INSTRUCTIONS: Fill in ALL applicable data. Failure to complete the form entirely may cause additional delay. Submit this form with the appropriate fee as determined below to the authority with jurisdiction for the site location. For a listing of program inspection agencies and their addresses, visit the Department of Commerce's website at www.commerce.state.wi.us/ER/ER-BST-HomePage.html or call (608) 266-7874. **Consult local ordinances for any additional requirements.**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

SITE OWNER INFORMATION	TANK LOCATION	CONTRACTOR INFORMATION
Name	Address	Contractor Name
Address	City, State, Zip Code	Number and Street
City, State, Zip Code	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	City, State, Zip Code
County	Fire Dept. Providing Fire Coverage	Contact Person Installer ID#
Telephone Number ()	FDID#	Telephone Number Fax Number () ()

TANK SPECIFICATIONS:

Tank is for: ☐ Farm application ☐ Construction project Tank is: ☐ Temporary Term of project: _____ ☐ Permanent

Tank Capacity _____ (1,100 gal. Max) Tank Contents _____ Will tank be relocated on site? ☐ YES ☐ NO

Tank Steel Gauge Thickness _____ Manufacturer (if known) _____

Overfill protection consists of a ☐ vent whistle or ☐ site gauge Venting Diameter ☐ 1 1/2" ☐ 2" ☐ 2 1/2" ☐ 3"

Markings include "KEEP 40 FT FROM BUILDINGS" and "FLAMMABLE -- KEEP FIRE AND FLAME AWAY" and the tank contents? ☐ Yes

Is the tank elevated at least 6" off the ground? ☐ Yes Can the fill opening be locked? ☐ Yes

ANCILLARY EQUIPMENT:

Top Opening Tanks

Pump is approved for proposed use and is permanently affix to the tank? ☐ Yes ☐ Insp. Ver

Pump is equipped with an antisiphoning device or the dispensing nozzle is of a self-closing type? ☐ Yes ☐ Insp. Ver

The pump or hanger is equipped so that at least one can be padlocked to prevent tampering? ☐ Yes ☐ Insp. Ver

The hose is approved for the proposed use? ☐ Yes ☐ Insp. Ver

The electrical wiring servicing the pump and immediate area meets Comm 16? ☐ Yes

Gravity Dispensing Tanks

The discharge connection valve is a heat-activated, self-closing valve designed to close in the event of a fire? ☐ Yes ☐ Insp. Ver

The discharge connection valve can be manually closed or is attached to a valve that can be manually closed? ☐ Yes ☐ Insp. Ver

The hose is approved for the proposed use and is equipped with a self-closing nozzle? ☐ Yes ☐ Insp. Ver

The hose is equipped so that it can be padlocked to the hanger? ☐ Yes ☐ Insp. Ver

Are the support bases at grade level? ☐ Yes ☐ Insp. Ver. Type of Tank Supports (must be non-combust.) _____

SETBACKS

Is the tank 8' or more from any well (potable or non-potable) or reservoir? ☐ Yes ☐ Ins. Ver

Is the tank and any vehicle that will be fueling from the tank be at least 40' from all buildings, haystacks, and other combustible structures? ☐ Yes ☐ Ins. Ver

Is the tank located in an easement or right-of-way inhibiting such use (utility easement, etc.)? ☐ NO ☐ Ins. Ver

FEE

Submission of this form must include the appropriate fee as determined below. **Without the appropriate fee, this form will not be processed.**

Inspection Fee (inspection within 5 working days) \$75

If applicable, additional expedited inspection fee (inspection within 2 working days) \$25

Total Amount Enclosed \$ _____

Complete diagram and signatures on back of this form.

In the space provided, complete a drawing of the proposed tank installation. Sketch a blueprint of the proposed location of the farm tank. In the drawing, include all roads, buildings, other combustible structures, well location(s), and utility easements within 500' of the proposed location. All drawings must include at least one roadway.

N

Comments: _____

As the installer, I certify that the information contained herein is true and accurate to the best of my knowledge.

Signed _____ Cert. #: _____ Date: _____

Inspector's signature: _____ ID #: _____ LPO Agent #: _____

Date: _____